Rule 17.200—Form 230: ***Proposed Parenting Plan***

Use this form if you and your spouse **do not** agree to all child custody and visitation arrangements

Do not use this form if both spouses agree to everything in this plan. Instead, use form 229 to tell the court what you both want your plan to be.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County

County where you are filing this Parenting Plan

Upon the Petition of	Equity case no. _____
_____ **Petitioner** *Full name: first, middle, last* and concerning _____ **Respondent** *Full name: first, middle, last*	**Proposed Parenting Plan**

I am

Check one

A. ◯ Petitioner

B. ◯ Respondent

1. Information for the Court

A. Children *List all children born to or adopted by Petitioner and Respondent.*

First, middle, & last initials of each child	Present age	Gender M	Gender F	School	Grade
(1)		◯	◯		
(2)		◯	◯		
(3)		◯	◯		
(4)		◯	◯		
(5)		◯	◯		
(6)		◯	◯		

☐ *Check this box if you are attaching a separate sheet listing additional children.*

B. Information about the children

(1) ☐ The children listed in A are the only children born to or adopted by these parents.

(2) ☐ One or more of the children is in a juvenile court case. *If you check* (2)*, attach a copy of the order that allows the district court to order child custody and visitation.*

(3) ☐ There are children of Petitioner or Respondent not listed in B. *Explain*

- *If there are children born before the marriage, who are not the children of Petitioner or of Respondent, check (3) and explain.*

- *If there are children of Petitioner and Respondent, but the parental rights have been terminated, check* (3) *and explain.*

C. Special concerns about the children

Check all that are true

(1) ☐ Breastfeeding infant

(2) ☐ Child with a disability

(3) ☐ Other *Explain* _____

D. Information about the parents

Check all that are true

(1) ☐ Petitioner receives public assistance, Title XIX, or FIP.

(2) ☐ Respondent receives public assistance, Title XIX, or FIP.

(3) ☐ Petitioner plans to move within the next year.

(4) ☐ Respondent plans to move within the next year.

(5) ◯ This is the Parenting Plan for before the move.

(6) ◯ This is the Parenting Plan for after the move.

E. Special concerns about the parents

Check all that are true

(1) ☐ Petitioner has an alcohol or drug problem.

(2) ☐ Respondent has an alcohol or drug problem.

(3) ☐ Petitioner does not have a driver's license.

(4) ☐ Respondent does not have a driver's license.

(5) ☐ Petitioner's home environment is not suitable. *Explain in* 11.

(6) ☐ Respondent's home environment is not suitable. *Explain in* 11.

(7) ☐ Petitioner is in jail or a mental health institution. *Explain in* 11.

(8) ☐ Respondent is in jail or a mental health institution. *Explain in* 11.

(9) ☐ Petitioner is protected under a Domestic Abuse Protective Order. *Explain in* 11.

(10) ☐ Respondent is protected under a Domestic Abuse Protective Order. *Explain in* 11.

(11) ☐ *Explain:* _____

2. Plan

A. Read these definitions of legal custody and physical care:

(1) **Legal custody** means a parent has legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.

(2) **Joint legal custody** means both parents have equal legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.

(3) **Physical care** means providing the main home for the child and taking care of the child.

(4) **Joint physical care** means both parents have equal rights and responsibilities for providing the main home for the child and taking care of the child.

B. Legal custody should be

Check one

(1) ◯ Joint legal custody to both parents

(2) ◯ To Petitioner

(3) ◯ To Respondent

(4) ◯ To other person _____

Full name of other person: first, middle, last

C. Physical care should be

Check one

(1) ◯ To Petitioner *If you check* (1), *use* D *for Respondent's visitation.*

(2) ◯ To Respondent *If you check* (2), *use* D *for Petitioner's visitation.*

(3) ◯ Joint physical care to both parents *If you check* (3), *use* D(12) *to explain the joint physical care schedule.*

(4) ◯ To other person _____

Full name of other person: first, middle, last

D. Visitation

Use D *only if one parent will have physical care. This is the schedule for the other parent to see the children.*

(1) Visitation for

Check one

a. ◯ Petitioner

b. ◯ Respondent

(2) Visitation permission

Check a, b, *or* c.

a. ◯ Visitation should not be allowed because:

_____

_____

_____

b. ◯ Visitation should be supervised because:

_____

_____

_____

The supervisor for visitation should be _____
Supervisor's full name: first, middle last

c. ◯ Regular unsupervised visitation schedule as the parents agree:
Check all that apply

i. ☐ Reasonable visitation as the parents agree.

ii. ☐ Mid-week visitation on these days:

M ☐ Tu ☐ W ☐ Th ☐ F ☐ From _____ a.m. to _____ p.m.

iii. ◯ Every weekend ◯ a.m. ◯ a.m.
From _____ at _____ ◯ p.m. to _____ at _____ ◯ p.m.
Day of week *Time* *Day of week* *Time*

iv. ◯ Every other weekend ☐ a.m. ☐ a.m.
From _____ at _____ ☐ p.m. to _____ at _____ ☐ p.m.
Day of week *Time* *Day of week* *Time*

v. ☐ Other *Describe*

_____

_____

_____

vi. Visitation will start on _____ _____, 20_____
Month *Day* *Year*

(3) Detailed holiday schedule

This schedule tells on whch holidays the children will be with either Petitioner or Respondent.

You do not have to fill in everything. Any day that is left blank means the children will spend that day with the parent who already has the children on that day.

P = Petitioner *R=Respondent*

Holiday	**Time**		**Every year** P	R	**Even years** P	R	**Odd years** P	R
New Year's Eve	:	◯ a.m. ◯ p.m.	◯	◯	◯	◯	◯	◯
New Year's Day	:	◯ a.m. ◯ p.m.	◯	◯	◯	◯	◯	◯
Martin Luther King, Jr. Day	:	◯ a.m. ◯ p.m.	◯	◯	◯	◯	◯	◯
President's Day	:	◯ a.m. ◯ p.m.	◯	◯	◯	◯	◯	◯
Memorial Day	:	◯ a.m. ◯ p.m.	◯	◯	◯	◯	◯	◯
Independence Day *July 4th*	:	◯ a.m. ◯ p.m.	◯	◯	◯	◯	◯	◯
Labor Day	:	◯ a.m. ◯ p.m.	◯	◯	◯	◯	◯	◯
Veterans' Day *November 11th*	:	◯ a.m. ◯ p.m.	◯	◯	◯	◯	◯	◯
Thanksgiving Day	:	◯ a.m. ◯ p.m.	◯	◯	◯	◯	◯	◯
Christmas Eve	:	◯ a.m. ◯ p.m.	◯	◯	◯	◯	◯	◯
Christmas Day	:	◯ a.m. ◯ p.m.	◯	◯	◯	◯	◯	◯

Mother's Day	:	○ a.m. ○ p.m.	○ ○	○ ○	○ ○
Father's Day	:	○ a.m. ○ p.m.	○ ○	○ ○	○ ○
Petitioner's Birthday	:	○ a.m. ○ p.m.	○ ○	○ ○	○ ○
Respondent's Birthday	:	○ a.m. ○ p.m.	○ ○	○ ○	○ ○
Halloween *October 31st*	:	○ a.m. ○ p.m.	○ ○	○ ○	○ ○
Other: *Describe*	:	○ a.m. ○ p.m.	○ ○	○ ○	○ ○
Other: *Describe*	:	○ a.m. ○ p.m.	○ ○	○ ○	○ ○

(4) Special rules for holidays

Check one

a. ○ If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.

b. ○ If a holiday falls on a Monday or a Friday, the alternating weekend schedule in 3.a.iii. will continue.

c. ○ If a holiday falls on a Monday or a Friday, the alternating weekend schedule in D(2)c.iv. will continue. *This means the parent who has the children on the holiday weekend may have the children two weekends in a row.*

d. ○ Other *Explain* _____

(5) Summer

Check one

a. ○ Summer school vacation will be divided as Petitioner and Respondent agree.

b. ○ Petitioner and Respondent will each have one-half of the summer school vacation with alternate weekends to the other parent. The children will be returned to the parent with physical care at least one week before school starts.

c. ○ The parent without physical care will have two weeks of uninterrupted summer visitation with the children and the parent with physical care will have two weeks of uninterrupted summer visitation with the children. During the rest of the summer the weekly visitation schedule should be followed.

d. ○ Other *Explain* _____

Continued on next page

(6) Winter school holiday

Check one

a. ◯ Winter school holidays will be divided as Petitioner and Respondent agree.

b. ◯ Petitioner and Respondent will each have one-half of the winter school holiday and alternate the first and second half each year.

c. ◯ Other *Explain* _____

(7) Spring school break

Check one

a. ◯ Spring school break will be divided as Petitioner and Respondent agree.

b. ◯ Spring school break will be alternated every other year between Petitioner and Respondent.

c. ◯ Petitioner and Respondent will each have one-half of each spring school break.

d. ◯ Other *Explain* _____

_____

_____

(8) The children's birthdays

Check one

a. ◯ Petitioner and Respondent will have contact with the children on their birthdays as the parents may agree.

b. ◯ A child's birthday will be spent with the parent who has the child on that day.

c. ◯ Each child's birthday will be alternated from year to year between Petitioner and Respondent.

d. ◯ Petitioner and Respondent will each have no less than two hours of personal contact with the child on the child's birthday.

e. ◯ Other *Explain* _____

(9) Pick up and drop off

Check all that apply

a. ◯ The parents will agree about pick up and drop off for each visit.

b. ◯ The parent with visitation will pick up the children at the other parent's residence at the beginning of visitation and the parent with physical care will pick up the children at the end of visitation.

c. ◯ Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children,

only the following people are permitted to help: _____

d. ◯ Other arrangements for visitation (for example, Petitioner and Respondent will meet at a location between their residences): *Explain* _____

(10) The parent without the children may contact the children by

Check all that apply

a. ☐ Calling the children

Check one

i. ◯ At reasonable hours

ii. ◯ Any day from _____ ◯ a.m. ◯ p.m. to _____ ◯ a.m. ◯ p.m.

Phone number (_____) _____

Phone number where children can be contacted

b. ☐ Emailing the children at this address:_____

Email where children can be contacted

c. ☐ Other *Explain* _____

(11) Changes to the schedule

Check all that apply

a. ◯ The parties may agree to additional visitation or changes to the schedule.

b. ◯ If one parent fails to arrive at the appointed time, then the other parent will wait for at least _____ minutes before cancelling the visit.

c. ◯ No changes allowed except by a court order.

d. ◯ Other *Explain*_____

(12) Joint physical care plan

Use only if both Petitioner and Respondent are given joint physical care.

a. How Petitioner and Respondent will make decisions about the children: *For example, decisions on school, medical care, religion, and other decisions parents make for their children.*

b. How the children's time will be divided between Petitioner and Respondent:
You may use sections 3, 4, 5, 6, 7, *and* 8 *for holidays, school breaks, and birthdays.*

c. How the children's expenses will be paid: *For example, expenses such as clothes, activities, and school fees.* _____

d. How Petitioner and Respondent will deal with major changes or disagreements about the children (including changes due to the children's age and development):

e. Other issues:

(13) Resolving disagreements

Check one

Before going to court to resolve disagreements, Petitioner and Respondent will

a. ◯ Ask the following person to help them resolve disagreements:

_____	_____	(_____) _____
Name	*Relationship to parties*	*Phone number*

_____	_____	_____	_____
Present street address	*City*	*State*	*ZIP code*

b. ◯ Go to mediation. *Do not check if mediation will not work because of domestic violence or an injunction.*

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3. Attorney Help

Check one

A. ◯ An attorney did not help me prepare or fill in this paper.

B. ◯ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

_____ _____
Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

_____ _____ _____ _____
Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____ (_____) _____ _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

4. Certification of Service by Mailing or Delivery

Section 4 to be completed only if filing in paper or if the other party is exempt from electronic filing.
This document, if filed electronically will automatically be served on registered parties.

I, _____, certify that on _____ _____, 20_____
Print your name *Month* *Day* *Year*

I mailed or gave a copy of this Proposed Parenting Plan to the other party or the other party's attorney at this address:

_____
Name of person to whom I delivered or mailed it

_____ _____ _____ _____
Party's or attorney's mailing address *City* *State* *ZIP code*

5. Oath and Signature

This Proposed Parenting Plan addresses all custody and visitation issues in our divorce. I want the court to approve this Proposed Parenting Plan and make it a part of the final Decree.

I, _____, certify under penalty of perjury and pursuant to the
Print your name

laws of the State of Iowa that I have read this Proposed Parenting Plan, and I agree with the Plan and the information. I ask the court to adopt this Proposed Parenting Plan.

_____ _____, 20_____ _____
Month *Day* *Year* *Your signature**

_____ _____ _____ _____
Mailing address *City* *State* *ZIP code*

(_____) _____ _____ _____
Phone number *Email address* *Additional email address – if available*

* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*